

EXHIBIT 5

9/28/12 ZAVIN DECLARATION

CASE NO. 12-4175-WHP

Form **LLC-5.5**
October 2009Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act
Articles of Organization

FILE # 032-398-6

This space for use by Secretary of State.

FILED

SEP 08 2010

JESSE WHITE
SECRETARY OF STATE**SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

Date: 9-8-2010

Filing Fee: \$500

Approved: 801. Limited Liability Company Name: DBPOL LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)

790 Remington BlvdBolingbrook, IL 60440

3. Articles of Organization effective on: (check one)

 the filing date a later date (not to exceed 60 days after the filing date): _____

Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: Dan First Name C Middle Initial Cole Last NameRegistered Office: 191 N. Wacker Drive Number 2300 Street Suite #
(P.O. Box alone or c/o
is unacceptable.)Chicago City IL 60606 ZIP Code

5. Purpose(s) for which the Limited Liability Company is organized:

The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.

(LLCs organized to provide professional services must list the address(es) from which those services will be rendered if different from item 2. If more space is needed, use additional sheets of this size.)

6. Latest date, if any, upon which the company is to dissolve: _____

(Leave blank if duration is perpetual.)

Month, Day, Year



LLC-5.5

7. (Optional) Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.) _____

8. The Limited Liability Company: (Check either a or b below.)

a. is managed by the manager(s) (List names and business addresses.)

b. has management vested in the member(s) (List names and business addresses.)

Dylan Bates

790 Remington Blvd.

Bolingbrook, IL 60440

9. Name and Address of Organizer(s)

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

1. A. Vellayda Signature

Andrew D. Magda Name (type or print)

Chicago City/Town

Name of a Corporation or other Entity, and Title of Signer

IL 60606

2. _____ Signature

2. _____

Name (type or print)

City/Town

Name If a Corporation or other Entity, and Title of Signer

State **ZIP Code**

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.